

Am I a Candidate?

Only you and your doctor can decide whether da Vinci® surgery is right for you. Bring this questionnaire to your appointment to discuss your health concerns with your physician.

My symptom(s) or condition(s) are:

- Pelvic pain
- Abnormal bleeding
- Uterine fibroids
- Endometriosis
- Falling uterus or bladder (prolapse)
- Infertility
- Cancer
- Other/not sure

Please check all that apply:

I would like to avoid a large incision and scar.

It is important that I am able to return to my normal activities (e.g. driving) as soon as possible after surgery.

I would like to minimize the time I am in the hospital to just one night, if possible.

I would like to minimize my blood loss and need for blood transfusion(s) during surgery.

I would like to limit the amount/duration of pain medications after surgery.

I would like to minimize my risk of infection after the surgery.